

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate WALTER MICHEL
 Address 2660 RIDGEWOOD ROAD, #101 County HINDS
 Telephone 601-352-0757 Fax 601-353-2858
 Office Sought SENATE, DISTRICT 25 Email Address WALTER@WALTERMICHEL.COM

☐ Check here if above is different from previous report

X **January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 61,809.88 +\$ 18,374.00	\$ 80,183.88	\$ 80,183.88
Total amount of disbursements	\$ 126,396.55 +\$ 3,152.35	\$ 129,548.90	\$ 129,548.90
Total amount of cash on hand		\$ 310,638.73	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee	WALTER MICHEL
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Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name 1ST FRANKLIN FINANCIAL		03 / 02 / 16	\$ 500.00
Mailing Address P.O. BOX 880		____ / ____ / ____	\$ _____
City, State, Zip Code TOCCOA, GA 30577		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLP _____			
Full name ADAMS AND REESE, LLP		02 / 15 / 16	\$ 250.00
Mailing Address 1018 HIGHLAND COLONY PARKWAY #800		____ / ____ / ____	\$ _____
City, State, Zip Code RIDGELAND, MS 39157		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC _____			
Full name ADVANCE AMERICA		11 / 30 / 16	\$ 500.00
Mailing Address 135 N. CHURCH STREET		____ / ____ / ____	\$ _____
City, State, Zip Code SPARTANBURG, SC 29306		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name AT&T POLITICAL ACTION COMMITTEE		10 / 21 / 16	\$ 250.00
Mailing Address 111 E. CAPITOL STREET, #6030		____ / ____ / ____	\$ _____
City, State, Zip Code JACKSON, MS 39201		____ / ____ / ____	\$ _____
Name of Employer (Required) _____		____ / ____ / ____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ATMOS ENERGY CORPORATION PAC</u>	<u>03</u> / <u>04</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>790 LIBERTY ROAD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BANKPLUS PAC</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>1068 HIGHLAND COLONY PARKWAY</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CAPITOL STREET CORPORATION</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 12485</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39236</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CHECK INTO CASH OF MS, INC.</u>	<u>01</u> / <u>26</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 550</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>CLEVELAND, TN 37311</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>COMCAST CORPORATION & NBC UNIVERSAL PAC</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>1701 JFK BOULEVARD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>PHILADELPHIA, PA 19103</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>CORNERSTONE GOVERNMENT AFFAIRS, LLC</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>188 E. CAPITOL STREET, #910</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>CORPORATE RELATIONS MANAGEMENT</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 84</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>CANTON, MS 39046</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>CRESS DEVELOPMENT, LLC</u>	<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 1260</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>DENBURY RESOURCES, INC.</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>5320 LEGACY DRIVE</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>PLANO, TX 75024</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>ENPAC MISSISSIPPI</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 1640</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39215</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>FIRST HERITAGE CREDIT, LLC</u>	<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>605 CRESCENT BOULEVARD, #101</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>HOME BUILDERS ASSOCIATION OF MS, INC.</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 3556</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39207</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>PA</u>		
Full name <u>HUFFMAN & COMPANY, CPA, PA</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 321330</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>JM HUGHES GROUP, LLC</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>147 HIGHLAND CIRCLE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>JOHNSON & JOHNSON CORPORATE POLITICAL FUND</u>	<u>09</u> / <u>08</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>13501 STREET NW, #1210</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>WASHINGTON, DC 20005</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>LENDERS POLITICAL ACTION COMMITTEE</u>	<u>02</u> / <u>03</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 24087</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39225</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHEL

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS ASPHALT CONTRACTOR PAC		05 / 11 / 16	\$ 1000.00
Mailing Address P.O. BOX 904		/ /	\$
City, State, Zip Code JACKSON, MS 39205		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE - PAC		03 / 03 / 16	\$ 1000.00
Mailing Address 120 W. JACKSON STREET, #2A		/ /	\$
City, State, Zip Code RIDGELAND, MS 39157		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MMHA - PAC		02 / 02 / 16	\$ 500.00
Mailing Address P.O. BOX 320369		/ /	\$
City, State, Zip Code FLOWOOD, MS 39232		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MONTGOMERY ENTERPRISES, INC.		03 / 02 / 16	\$ 300.00
Mailing Address P.O. BOX 37		/ /	\$
City, State, Zip Code FULTON, MS 38843		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>MS ASSOCIATION OF REALTORS PAC</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 321000</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>ASSN</u>		
Full name <u>MS BAIL AGENTS ASSOCIATION</u>	<u>02</u> / <u>03</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>413 S. PRESIDENT STREET, #111</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>MS CONCRETE INDUSTRIES ASSOCIATION PAC</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 14225</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39236</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>		
Full name <u>MS DENTAL PAC</u>	<u>02</u> / <u>10</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>439 KATHERINE DRIVE, #B</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u></u>	<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS HEALTH CARE ASSOCIATION PAC		<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 1076 HIGHLAND COLONY PARKWAY, #125		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code RIDGELAND, MS 39157		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS INDEPENDENT RX PAC		<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 4209 LAKELAND DRIVE, #399		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code FLOWOOD, MS 39232		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS MEDICAL PAC		<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>2000.00</u>
Mailing Address P.O. BOX 2548		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code RIDGELAND, MS 39158		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS POWER COMPANY STATE PAC		<u>07</u> / <u>22</u> / <u>16</u>	\$ <u>400.00</u>
Mailing Address 2605 13TH STREET		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code GULFPORT, MS 39502		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee WALTER MICHEL
 Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name MTPA PAC	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 345 HIGHWAY 6 W	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code BATESVILLE, MS 38606	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name NOVARTIS PHARMACEUTICALS CORPORATION	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 6201 SOUTH FREEWAY WR-57	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code FORT WORTH, TX 76134	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name NRA POLITICAL VICTORY FUND	<u>02</u> / <u>10</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 11250 WAPLES MILL ROAD	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code FAIRFAX, VA 22030	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name PhRMA	<u>03</u> / <u>03</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 950 F STREET NW, #300	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code WASHINGTON, DC 20004	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) 	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) 	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHEL
 Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>POINT ONE STRATEGIES, LLC</u>		<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 3015</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39207</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RIDGWAY REALTY, INC.</u>		<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 231</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAGE ADVICE, INC.</u>		<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 959</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SANOFI US SERVICES, INC. EMPLOYEES' PAC</u>		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>55 CORPORATE DRIVE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>BRIDGEWATER, NJ 08807</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHEL

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PA</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name SESHADRI RAJU, MD, PA		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 971 LAKELAND DRIVE, SUITE 401		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code JACKSON, MS 39216		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name TAKEDA PHARMACEUTICALS USA, INC.		<u>03</u> / <u>01</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address ONE TAKEDA PARKWAY		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code DEERFIELD, IL 60015		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name THE CRESS GROUP, LLC		<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address P.O. BOX 1260		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code RIDGELAND, MS 39158		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name THIRD UNION FINANCE, INC.		<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address P.O. BOX 400		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code OLIVE BRANCH, MS 38654		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>TOWER LOANS OF MS, LLC</u>	<u>02</u> / <u>05</u> / <u>16</u>	\$ <u>5000.00</u>
Mailing Address <u>P.O. BOX 320001</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>5000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>TRUCK PAC</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>825 N. PRESIDENT STREET</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>		
Full name <u>VERNON COMMERCIAL PROPERTIES, LLC</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>605 STEED ROAD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>WORTH THOMAS CONSULTANTS</u>	<u>02</u> / <u>10</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 774</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHEL

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name NICK APOSTLE		02 / 18 / 16	\$ 250.00
Mailing Address 164 CHAPEL LANE		/ /	\$
City, State, Zip Code MADISON, MS 39110		/ /	\$
Name of Employer (Required) SELF EMPLOYED		/ /	\$
Occupation (Required) BUSINESS OWNER		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name TRIP BARNES		02 / 15 / 16	\$ 300.00
Mailing Address 5 RIVER BEND PLACE, #A		/ /	\$
City, State, Zip Code FLOWOOD, MS 39232		/ /	\$
Name of Employer (Required) BARNES LAW FIRM, PA		/ /	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN A. BELLAN, JR.		02 / 18 / 16	\$ 500.00
Mailing Address 3936 KINGS HIGHWAY		/ /	\$
City, State, Zip Code JACKSON, MS 39216		/ /	\$
Name of Employer (Required) RETIRED		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MIKE BIRDSOING		03 / 02 / 16	\$ 250.00
Mailing Address 444 PEMBROOKE DRIVE		/ /	\$
City, State, Zip Code MADISON, MS 39110		/ /	\$
Name of Employer (Required) BAYER HEALTH CARE		/ /	\$
Occupation (Required) DIRECTOR		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JOHN BLACK, JR.</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>24 PROVENCE BOULEVARD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MARK BOUNDS</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 1753</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39130</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>BOUNDS REALTY PARTNERS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PRESIDENT</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JOHN BRASHER</u>	<u>03</u> / <u>01</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>145 BRASHER ROAD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>BATESVILLE, MS 38606</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>W.P. BRIDGES, JR.</u>	<u>03</u> / <u>10</u> / <u>16</u>	\$ <u>400.00</u>
Mailing Address <u>1904 LAKELAND DRIVE, #A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>BRIDGES MORTGAGE CO.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>EXECUTIVE</u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ANDREW BRINKMAN</u>	<u>02</u> / <u>01</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>7010 DOVE COURT</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>EVANSVILLE, IN 47715</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>INTERSTATE IMAGING</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SALES REPRESENTATIVE</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>GENE AND PEGGY BROWN</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>309 LAKE CASTLE ROAD</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>DENTIST</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>RICK CALHOUN</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>217 W. CAPITOL STREET</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PRUET OIL COMPANY</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>GENERAL PARTNER</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BARRY CANNADA</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>827 PINEHURST PLACE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>BUTLER SNOW LAW FIRM</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DONALD CLARK</u>		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 6010</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>BUTLER SNOW LAW FIRM</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ROYCE DELANEY</u>		<u>02</u> / <u>05</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>13 NORTHTOWN DRIVE, #220</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>DEL CONSULTING</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PRESIDENT</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>RANDY EASTERLING</u>		<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>607 TIFFINTOWN ROAD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>VICKSBURG, MS 39183</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF EMPLOYED</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PHYSICIAN</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>BRIAN FOWLER</u>		<u>02</u> / <u>09</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>71 WOODGATE DRIVE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>BRANDON, MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>NONE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>DISABLED</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CLAY HAYS</u>	<u>03</u> / <u>05</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>5 LAUREL COVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>JACKSON HEART CLINIC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CARDIOLOGIST</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JIM AND ANGELA HERZOG</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>5325 SUFFOLK DRIVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>HERZOG & HERZOG</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PSYCHOLOGIST</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BERNARD HOLMAN</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 4672</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39296</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>OIL & GAS</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>SONDRA HOLMAN</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>1200 MEADOWBROOK ROAD, #38</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>JIM AND JANET HOUSE</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4756 E. MASSENA DRIVE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>JACKSON EAR CLINIC</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>HADEN AND TISH HUGHES</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>48 AVERY CIRCLE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>SELF EMPLOYED</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>INSURANCE</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>BILL AND KAREN HULETT</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>365 LAKESHORE DRIVE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>MADISON, MS 39110</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>NONE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>ROY HUTCHESON</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>1904 ROSEBERRY DRIVE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>SCOTTSBORO, AL 35769</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>HUTCHESON ENTERPRISES</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>PRESIDENT</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>RANDY JAMES</u>		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>217 W. CAPITOL STREET, #201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PRUET COMPANIES</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>SCOTT AND JULIE KOESTLER</u>		<u>03</u> / <u>10</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>432 GREENWOOD LANE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>KOESTLER, INC.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PRESIDENT</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>LESLIE LAMPTON</u>		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 1308</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>ERGON</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>BILLY W. LONG</u>		<u>02</u> / <u>12</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>110 COACHMAN'S ROAD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>NONE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee WALTER MICHEL

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. CON MALONEY		05 / 11 / 16	\$ 500.00
Mailing Address 1313 HARDING STREET		/ /	\$
City, State, Zip Code JACKSON, MS 39202		/ /	\$
Name of Employer (Required) COWBOY MALONEY		/ /	\$
Occupation (Required) OWNER		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHNNY MALONEY		02 / 18 / 16	\$ 500.00
Mailing Address 1313 HARDING STREET		/ /	\$
City, State, Zip Code JACKSON, MS 39202		/ /	\$
Name of Employer (Required) COWBOY MALONEY		/ /	\$
Occupation (Required) OWNER		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN AND LINDA MARCHETTI		02 / 22 / 16	\$ 350.00
Mailing Address 2204 CULLEYWOOD DRIVE		/ /	\$
City, State, Zip Code JACKSON, MS 39211		/ /	\$
Name of Employer (Required) MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING		/ /	\$
Occupation (Required) PRESIDENT		Aggregate year-to-date	\$ 350.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN AND SHELIA MCCULLOUGH		02 / 10 / 16	\$ 300.00
Mailing Address 114 BRIDGEVIEW CIRCLE		/ /	\$
City, State, Zip Code RIDGELAND, MS 39157		/ /	\$
Name of Employer (Required) 		/ /	\$
Occupation (Required) 		Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>LEE MILLER</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>222 BELLEWETHER PASS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MILLER TRANSPORTERS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PRESIDENT</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JOHN PALMER</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 3747</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39207</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>NONE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>DOUG AND LARAINA PANZONE</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2030 HERITAGE HILL DRIVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PANZONE & CO.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>TOM QUAKA</u>	<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>5104 CANTON HEIGHTS DRIVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>FCCI INSURANCE GROUP</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>INSURANCE</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>CHARLIE AND SHARON ROSS</u>	<u>02</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>105 MICHAEL COVE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>BRANDON, MS 39047</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>WISE CARTER CHILD & CARAWAY</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>WILLIAM SMITH, III</u>	<u>03</u> / <u>03</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4216 N. HONEYSUCKLE LANE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>JACKSON, MS 39211</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>WATKINS & EAGER</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>JEFFREY SUMMERS</u>	<u>03</u> / <u>07</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>15 TWELVE OAKS PLACE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>MADISON, MS 39110</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>NEW SOUTH NEURO SPINE</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name <u>TOMMY THAMES</u>	<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 741</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>JACKSON, MS 39205</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>PARK DEVELOPMENT</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>			
Full name <u>CHIP TRIPLET</u>		<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>2 BRIDGEMONT LANE</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>THE PARK COMPANIES</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>PRESIDENT</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>			
Full name <u>BILLY WALKER</u>		<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>60 ST. ANDREWS PLACE</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>DERMATOPATHOLOGY ASSOCIATES</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>PHYSICIAN</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>			
Full name <u>HARRY AND DEERY WALKER</u>		<u>03</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>148 ST. ANDREWS DRIVE</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>TRUSTMARK</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u>BANKING</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u></u>			
Full name <u>ROY AND MARY EVELYN WARD</u>		<u>02</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4230 QUAIL RUN ROAD</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Name of Employer (Required) <u>HORNE CPA</u>		<u></u> / <u></u> / <u></u>	\$ <u></u>
Occupation (Required) <u></u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHEL

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name ANDREW MATTIACE (IN-KIND CONTRIBUTION)		02 / 24 / 16	\$ 400.00
Mailing Address 125 S. CONGRESS STREET		/ /	\$
City, State, Zip Code JACKSON, MS 39201		/ /	\$
Name of Employer (Required) MATTIACE PROPERTIES		/ /	\$
Occupation (Required) PRESIDENT		Aggregate year-to-date	\$ 400.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name CLIFFORD THOMPSON (IN-KIND CONTRIBUTION)		02 / 24 / 16	\$ 350.00
Mailing Address P.O. BOX 16490		/ /	\$
City, State, Zip Code JACKSON, MS 39236		/ /	\$
Name of Employer (Required) THOMPSON & ASSOCIATES		/ /	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 350.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC			
Full name FIDELITY BROKERAGE SERVICES, LLC		12 / 31 / 16	\$ 8409.88
Mailing Address 100 SUMMER STREET		/ /	\$
City, State, Zip Code BOSTON, MA 02110		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required) Interest, Income, Dividends		Aggregate year-to-date	\$ 8409.88
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name TOTAL NON-ITEMIZED CONTRIBUTIONS		/ /	\$ 18734.00
Mailing Address		/ /	\$
City, State, Zip Code		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 18734.00

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WALTER MICHEL

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ITEMIZED DISBURSEMENTS

A. Full name D2 TECH SOLUTIONS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 328 KINGSBRIDGE ROAD	04 / 11 / 16	\$ 208.65
City, State, Zip Code MADISON, MS 39110	05 / 11 / 16	\$ 53.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 262.15
B. Full name CENTRAL MISSISSIPPI REPUBLICANS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1022 HIGHLAND COLONY PARKWAY, #101	03 / 21 / 16	\$ 800.00
City, State, Zip Code RIDGELAND, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 800.00
C. Full name ASAP PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2801 LAYFAIR DRIVE	01 / 26 / 16	\$ 852.28
City, State, Zip Code FLOWOOD, MS 39232	10 / 17 / 16	\$ 158.70
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1010.98
D. Full name CHARLES BARBOUR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4612 TRAWICK DRIVE	03 / 07 / 16	\$ 1400.00
City, State, Zip Code JACKSON, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1400.00
E. Full name U.S. POST OFFICE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 401 E. SOUTH STREET	02 / 04 / 16	\$ 735.00
City, State, Zip Code JACKSON, MS 39201	10 / 18 / 16	\$ 480.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1215.00
F. Full name RING LIMITED, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 207	03 / 11 / 16	\$ 320.85
City, State, Zip Code DUBLIN, OH 43017	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 320.85

Name of Candidate or Committee

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ITEMIZED DISBURSEMENTS

A. Full name RIDGELAND CHAMBER OF COMMERCE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 194	02 / 17 / 16	\$ 280.00
City, State, Zip Code RIDGELAND, MS 39158	10 / 03 / 16	\$ 280.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 560.00
B. Full name STEPHANIE JONES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 316 RIDGE PARK DRIVE	02 / 19 / 16	\$ 500.00
City, State, Zip Code RAYMOND, MS 39154	08 / 11 / 16	\$ 199.92
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 699.92
C. Full name QUILL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 37600	02 / 16 / 16	\$ 105.59
City, State, Zip Code PHILADELPHIA, PA 19101	05 / 19 / 16	\$ 423.53
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 529.12
D. Full name RJ YOUNG COMPANY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 40963	01 / 21 / 16	\$ 342.79
City, State, Zip Code NASHVILLE, TN 37204	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 342.79
E. Full name MADISON COUNTY CHAMBER OF COMMERCE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 618 CRESCENT BOULEVARD, #101	10 / 18 / 16	\$ 179.00
City, State, Zip Code RIDGELAND, MS 39157	12 / 15 / 16	\$ 85.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 264.00
F. Full name MIKE CHANEY CAMPAIGN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 23242	08 / 15 / 16	\$ 250.00
City, State, Zip Code JACKSON, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00

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ITEMIZED DISBURSEMENTS

A. Full name CLARION LEDGER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 23067	05 / 15 / 16	\$ 853.47
City, State, Zip Code JACKSON, MS 39225	12 / 14 / 16	\$ 228.24
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1081.71
B. Full name CONNIE COCHRAN CAMPAIGN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6 DRAKE LANDING	07 / 27 / 16	\$ 300.00
City, State, Zip Code RAYMOND, MS 39154	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
C. Full name CSPIRE WIRELESS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 519	06 / 15 / 16	\$ 433.65
City, State, Zip Code MEADVILLE, MS 39653	12 / 15 / 16	\$ 440.38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 874.03
D. Full name CUSTOM PRODUCTS CORPORATION	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 54091	02 / 05 / 16	\$ 2043.70
City, State, Zip Code JACKSON, MS 39288	03 / 02 / 16	\$ 80.25
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2123.95
E. Full name GARRETT MCINNIS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1511 LAKE ESTATES DRIVE	02 / 26 / 16	\$ 2196.91
City, State, Zip Code HATTIESBURG, MS 39402	03 / 09 / 16	\$ 5000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7196.91
F. Full name IMPACT MANAGEMENT GROUP, INC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 124 W. CAPITOL AVENUE, #1886	03 / 23 / 16	\$ 750.00
City, State, Zip Code LITTLE ROCK, AR 72201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00

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ITEMIZED DISBURSEMENTS

A. Full name MADISON COUNTY JOURNAL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 219	02 / 26 / 16	\$ 3206.50
City, State, Zip Code RIDGELAND, MS 39158	03 / 04 / 16	\$ 600.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3806.50
B. Full name NORTHSIDE SUN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 16709	02 / 26 / 16	\$ 3191.40
City, State, Zip Code JACKSON, MS 39236	04 / 11 / 16	\$ 734.83
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3926.23
C. Full name ROTARY CLUB OF JACKSON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 3807	02 / 16 / 16	\$ 260.00
City, State, Zip Code JACKSON, MS 39207	12 / 12 / 16	\$ 285.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 545.00
D. Full name STRATEGIC PARTNERS & MEDIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1851A MCGUCKIAN STREET	01 / 27 / 16	\$ 5000.00
City, State, Zip Code ANNAPOLIS, MD 21401	02 / 12 / 16	\$ 13700.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 18700.00
E. Full name TELEPAK NETWORKS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 HIGHLAND COLONY PARKWAY	09 / 20 / 16	\$ 301.40
City, State, Zip Code RIDGELAND, MS 39157	12 / 20 / 16	\$ 226.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 527.45
F. Full name TRIUMPH CAMPAIGNS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 825 N. PRESIDENT STREET, 2ND FLOOR	02 / 26 / 16	\$ 35420.83
City, State, Zip Code JACKSON, MS 39202	03 / 04 / 16	\$ 28686.40
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 64107.23

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WALTER MICHEL

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ITEMIZED DISBURSEMENTS

A. Full name WALTER MICHEL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2660 RIDGEWOOD ROAD, #101	03 / 16 / 16	\$ 471.71
City, State, Zip Code JACKSON, MS 39216	07 / 11 / 16	\$ 681.37
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1153.08
B. Full name WISE CARTER CHILD & CARAWAY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 651	05 / 03 / 16	\$ 13649.65
City, State, Zip Code JACKSON, MS 39205	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 13649.65
C. Full name TOTAL NON-ITEMIZED DISBURSEMENTS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$ 3152.35
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3152.35
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$